

## METLIFE CHANGE FORM

☒ Basic Life

☐ Optional Life

Name of Employee \_\_\_\_\_ Dept. \_\_\_\_\_  
(PLEASE PRINT)

Employee's Social Security Number \_\_\_\_\_

Change of Status: ☐ Active ☐ Retired Coverage \_\_\_\_\_

Change of Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

The former name was (Print) \_\_\_\_\_  
Last First Middle

The present name is (Print) \_\_\_\_\_  
Last First Middle

Check the applicable boxes below:

Change the Name of:

- ☐ Employee  
☐ Beneficiary

Reason for Change:

- ☐ Marriage  
☐ Divorce and resumption of former name  
☐ Court Order  
☐ Name given formerly was incorrect  
☐ Death

### Beneficiary Change:

In accordance with the conditions of the Group Policy, I hereby revoke any previous designations of beneficiary(ies) and contingent beneficiary (ies) (if any) and designate as primary beneficiary (ies) and contingent beneficiary (ies) (if any) in the event of the insured's death, the following:

#### Primary Beneficiary Designation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Contingent Beneficiary Designation

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_